METROPOLITAN MEDICAL RESPONSE SYSTEM OVERVIEW

(February 1, 2006)

- The MMRS Program was created in 1996, in response to the Tokyo mass transit Sarin gas attack by Aum Shinrikyo and the domestic terrorist bombing of the Alfred P. Murrah Building in Oklahoma City, both having occurred in 1995.

- The Metropolitan Medical Response System (MMRS) program assists highly populated jurisdictions (124 through FY 2003) to develop plans, conduct training and exercises, and acquire pharmaceuticals and personal protective equipment, to achieve the enhanced capability necessary to respond to a mass casualty event caused by a WMD terrorist act. This assistance supports the jurisdictions' activities to increase their response capabilities during the first hours crucial to lifesaving and population protection, with their own resources, until significant external assistance can arrive.

- Gaining these capabilities also increases the preparedness of the jurisdictions for a mass casualty event caused by an incident involving hazardous materials, an epidemic disease outbreak, or a natural disaster.

- This systematic approach stipulated by MMRS guidance requires linkages among first responders, medical treatment resources, public health, emergency management, volunteer organizations, the private sector, and other local elements, to work together to develop the capability to reduce the mortality and morbidity which would result from horrific terrorist acts. It also requires planning integration with neighboring jurisdictions and State and Federal agencies, and emphasizes enhanced mutual aid.

- MMRS jurisdictions have already implemented many of the key components of the Department of Homeland Security's National Incident Management System.

- The MMRS program was transferred to the Department of Homeland Security, Emergency Preparedness and Response Directorate/Federal Emergency Management Agency, from the Department of Health and Human Services, on March 1, 2003. It then transferred within DHS to the Office of State and Local Government Coordination and Preparedness (SLGCP) on October 3, 2004, in keeping with Secretary Ridge's initiative to establish "one-stop-shopping" for State and local grants. SLGCP was recently re-named the Office of Grants and Training, in the newly-established Preparedness Directorate, as an element of Secretary Chertoff's Second Stage Review.

- The MMRS program was funded at $50M each for FY03 and FY 04, and received $30M each in FY05 and FY06.

- Each of the 124 jurisdictions will receive $232,030 for FY 2006.
  - The FY 2006 MMRS program provides funding, as one of five components of the Homeland Security Grant package, to designated localities to assist in writing plans, developing training, purchasing equipment and pharmaceuticals, and conducting exercises to achieve the Target Capabilities necessary to respond to a mass casualty event, whether caused by a WMD terrorist act, epidemic disease outbreak, natural disaster, or HAZMAT accident, during the crucial first hours of a response until significant external assistance can arrive and become operational.
  - The MMRS program purpose and guidance, and the capability achievements of MMRS jurisdictions, create extensive and essential relevance of MMRS to the HSPD-8 National Preparedness Goal, National Priorities, and 22 of the 37 Target Capabilities.

- The FY 2006 MMRS Program will support the MMRS jurisdictions in:
  - Achieving preparedness in the 12 reformulated MMRS Capability Focus Areas (CFAs), which are all HSPD-8 target capabilities, and build on the eight CFAs stipulated in the FY04 and FY05 grant guidance.. The 12 Capability Focus Areas are:
    - Strengthen Medical Surge
    - Strengthen Mass Prophylaxis
    - Strengthen CBRNE Detection, Response, and Decontamination Capabilities
    - Strengthen Interoperable Communication Capabilities
    - Strengthen Information Sharing and Collaboration Capabilities
    - Expand Regional Collaboration
    - Triage and Pre-Hospital Treatment
    - Medical Supplies Management and Distribution
    - Mass Care (Sheltering, Feeding, and Related Services)
    - Emergency Public Information and Warning
    - Fatality Management
    - Volunteer Management and Donations
  - An overarching requirement is Pandemic Influenza Preparedness, with guidance provisions which include: revision and updating of Continuity of Operations for emergency medical, mental health, and public health functions, and their supporting infrastructure, throughout their Operational Area. Key aspects of this activity include:
    - Reviewing mutual aid agreements to ensure that they include the sharing of facilities, personnel, equipment and supplies, to include provisions for closing facilities when their key resources are decremented to the point of non-viability and making available their able personnel and remaining supplies and equipment to facilities which are viable.
    - Priority dispensing of influenza vaccine and anti-viral medication to first responders and first receivers
    - Providing enhanced public safety protection of mass casualty response facilities and resources

        - Establishing legal authorities incorporating Altered Standards of Care
    - Ensuring that their strategic goals, objectives, operational capabilities, and resource requirements are adequately incorporated in State and Urban Area Homeland Security Assessment and Strategy documents.
    - Revising their operational plans to reflect State and Urban Area Homeland Security Assessments and Strategies.
    - Ensuring the maintenance of MMRS capabilities established through the completion of baseline deliverables and other previous activities supported by Federal funding.

- The Medical Reserve Corps (MRC) program is administered by the Office of the Surgeon General and is a key source for volunteers to support mass casualty incidents. MMRS jurisdictions are encouraged to establish and support MRC units. Up to $25,000 per MMRS jurisdiction of FY 06 funding may be used to support local MRC units.

- The FY 2005 Homeland Security Grants included MMRS as one of six program elements. Each of the 124 MMRS jurisdictions was awarded $227,592. The FY05 MMRS program supported the MMRS jurisdictions in:
    - Ensuring that their strategic goals, objectives, operational capabilities, and resource requirements are adequately incorporated in State and UASI Homeland Security Assessment and Strategy documents;
    - Revising their operational plans to reflect State and Urban Area Homeland Security Assessments and Strategies;
    - Achieving preparedness in the eight Capability Focus Areas, which should also be coordinated with HSPD-8/National Preparedness efforts:

        1. Radiological medical and health effects preparedness to manage exposed and contaminated victims, population protection, and environmental health impacts of a radiological release/nuclear detonation by terrorists.

        2. Ensure operational viability of mass care shelters and medical treatment facilities.

        3. Emergency Alerting System/Emergency Public Information.

        4. NIMS Compliance.

        5. Quarantine and Isolation Preparedness.

        6. GIS. Jurisdictions should explore the types of GIS data available through the Federal Geospatial-One-Stop portal, located at http://www.geo-one-stop.gov/, and apply any of the available GIS tools deemed appropriate to support MMRS risk assessment, planning, training, exercising, and operations.

        7. Updated MMRS Steering Committee.

        8. Pharmaceutical Cache Management and Status Reporting; and,

- Ensuring the maintenance of MMRS capabilities established through the completion of baseline deliverables and other previous activities supported by federal funding.

- In FY04 the jurisdictional funding mechanism was changed from contracting to grants. The grants were announced September 30, 2004, and provided $46 million in 110 grants to reach 114 MMRS jurisdictions which applied for them. MMRS FY04 grants were awarded in three categories:
  - Capability Focus Areas ($250,000/jurisdiction). To prepared localities to respond to new threats posed by WMD events such as the detonation of a dirty bomb.
  - Sustainment (additional $150,000/jurisdiction). Covers the planning, training and equipment needed to maintain a locality's capability to respond to the human health needs of community members impacted by a mass casualty incident. MMRS jurisdictions that had completed the program's baseline capabilities are eligible to receive Sustainment Grants, if they applied for them.
  - Special Project Awards (funding amounts from $25,000 - $640,000). Recognized jurisdictions that develop innovative solutions to local problems and publicize their applicability to localities across the nation. Sixteen special project awards were made from among 79 internal applications.
  - Detailed information regarding the grant awards is provided at http://mmrs.fema.gov/Main/Events/fy2004awards.aspx .

- In prior years, MMRS funding was provided via a contract with the local jurisdiction. Jurisdictions entered the program in various fiscal year groups (refer to MMRS map): 27 in FYs 96-97; 20 in FY99; 25 each in FYs 00, 01, and 02, and 4 in FY03 (including Atlanta's upgrade from a MMST to a MMRS).

- The MMRS contracts contained statements of work which required specified deliverables and deliverable time-lines. These initial MMRS contracts have provided $600,000 to the jurisdiction, with payments based on the approved completion of groups of deliverables. Key deliverables in the contract for enhanced capabilities for system development included:

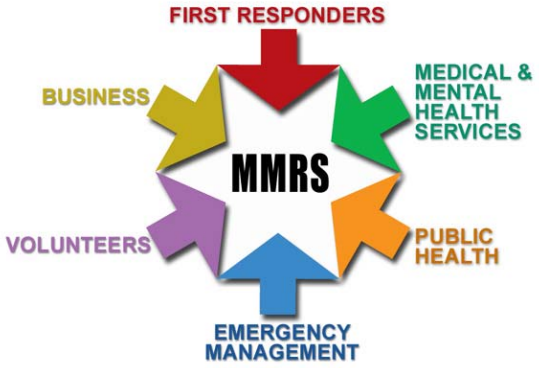
  - Establishment of a broad-based Steering Committee, with members from all jurisdictional elements relevant to MMRS development
  - MMRS Development Plan
  - Primary MMRS Plan
  - Component plans, including managing the medical and public health consequences of a WMD event (chemical, biological, radiological, explosive device)
  - Component plan for local hospital and healthcare system
  - Plan component for the forward movement of patients
  - Mass fatality management
  - Training Plan
  - Pharmaceutical and Equipment Plan
  - List of pharmaceutical and equipment acquisitions
  - Final Report including a statement that the MMRS is operational

- MMRS capacity requirements include:
  - Pharmaceuticals sufficient to provide care for at least 1,000 victims of a chemical incident and for 10,000 victims for the first 48 hours of response to a biological event.
  - Biological agent response, determined by the specific agent (Anthrax, Botulism, Hemorrhagic Fever, Plague, Smallpox, and Tularemia) for up to 100 victims, from 100 to 10,000 victims, and more than 10,000 victims.
  - The local hospital and healthcare system plan must ensure surge capacity to accommodate 500 critically ill patients.

- In FY03 the first funding for sustainment was provided via a Program Support contract, which made available $280,000 for capability maintenance and optional operational area expansion. Jurisdictions are eligible for sustainment funding only upon completion of their baseline enhanced capability development.

- To date 113 MMRS jurisdictions have completed their baseline capability enhancement and an additional 4 are nearly completed.

For additional information, please visit http://mmrs.fema.gov/



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